State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services Toxic Substances Control Division Secremento, California

T	UNIFORM HAZARDOUS	1. Generator's US EPA ID) Do	Manifest cument No.	1			he shaded aress		
3	WASTE MANIFEST QA D Q8 9 44 6 7 10 1 1 1 3. Generator's Name and Mailing Address					A. State Manifest Document Number 90302927				
	Summit Environmental Corporation									
3033 W. Mission, Rd., Alhambra, CA. 91803 4. Generator's Phone (818 457-9933 5. Transporter 1 Company Name 6. US EPA ID Number				B. State Generator's ID						
				C. Sta	C. State Transporter's ID 104763					
	Davis Chemical C	Davis Chemical Co. IC AD 0 7 021 15								
7	7. Transporter 2 Company Name 8. US EPA ID Number				E. State Transporter's ID F. Transporter's Phone					
Designated Facility Name and Site Address 10. US EPA ID Number					G. State Facility's ID					
	Omega Recovery Services					40101412	11214	1510011.		
12504 E. Whittier Blvd. Whittier. CA: 90602					213-698-0991					
٠,	US DOT Description (Including Proper Sh			12. Con	ainers	13. Total Quantity	14. Unit	Waste No.		
	1. US DOT Description (monading 1 topes of	The state of the s		No.	Туре		Wt/Vol	State		
	Waste Acetone, F	lammable Liq	uid,			t:		EPA/Other		
		N 1090	,	1 2 3 5	DM	1 375	G	D001/F00		
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3								State		
								EPA/Other		
-	. Additional Descriptions for Materials Lister	d Aboue			K Her	dling Codes for V	Vastes L	alad Above		
1	15. Special Handling Instructions and Additional Information									
In case of emergency refer to emergency response guide book. Guide 26 is attached with manifest.										
Emergency Ph # 818-457-9933										
	GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me-and that I can afford.									
9,	inted/Timed Name		Signature	11		<u> </u>		Month Day Yea		
_	DAVIDV. BERLANC		Hausk	Den	y			02/1/9		
	 Transporter 1 Acknowledgement of Receinment/Typed Name 	pt of Materials	Signature //					Month Day Yes		
	JOHN WORLD	Ot of Materials	John	for	an	, 84		10/2/1/19		
	inted/Typed Name		Signature					Month Day Yes		
			r I			4				
	Inted/Typed Name Discrepancy Indication Space	A	Signature					Month D		
20	. Facility Owner or Operator Certification of	freceipt of hezerdous mate	rials covered by this ma	nifest except	as poted	in item 19.				
	inted/Typed Name		Signature	7 /	11 1			Month Day Ye		
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To: P.O. Box 3000, Socramento, CA 95812

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